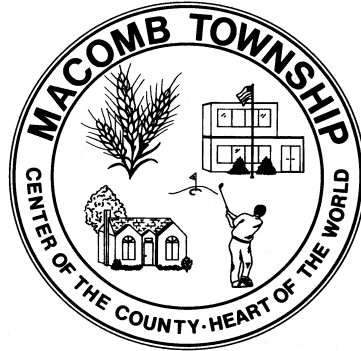


MACOMB TOWNSHIP

54111 Broughton Road • Macomb, MI 48042 • 586-992-0710 x 4
www.macomb-mi.gov



APPLICATION PACKET FOR WALL SIGN AND REPLACEMENT OF EXISTING SIGN FACE

APPLICANTS TAKE NOTICE OF THE FOLLOWING:

All applications must contain each and every page from this application packet, including the checklist and any unused pages. If your application does not include all items, it will not be received by the Clerk's Office.

Please use only the forms provided with this application. No other forms, however similar, will be accepted.

The information contained herein represent requirements contained in the Macomb Township Zoning Ordinance #10

Michael D. Koehs, CMC
Township Clerk

CHECKLIST OF DOCUMENTS FOR APPLICATION FOR WALL SIGN PERMIT

MACOMB TOWNSHIP
54111 BROUGHTON ROAD
MACOMB, MICHIGAN 48042
(586) 992-0710 EXT. 4

Please make a check mark in the box next to each item as you assemble the following required information. When complete, submit the completed application package to the Macomb Township Clerk's Office:

- ☐ A Certificate of Zoning Compliance is required for the use for which the sign is being requested. **Please enclose a copy of the Certificate of Zoning Compliance with this application.**
- ☐ One (1) completed Sign Application form, found on page 3.
- ☐ Payment of \$100.00 per wall sign application. Please make your check payable to '**Macomb Twp. Treasurer**' (**Funds are non refundable**).
- ☐ Eight (8) copies of Building Elevations depicting Wall sign(s). **NOTE:** Wall sign(s) may not project more than 12" from the face of the building to which they are attached.
- ☐ Eight (8) copies of details of sign(s), in plan and elevation view, drawn to scale, tri-folded and accurately dimensioned depicting the location, size (area), type, heights, lighting, lettering, color, materials and construction. Please refer to §10.0319 for specific sign standards.
- ☐ One (1) Documentation Supporting the Request form, found on page 4 (completion of this document is optional).
- ☐ One (1) completed Affidavit of Ownership form, found on page 5.
- ☐ One (1) completed Building Permit application, found on page 6.
- ☐ One (1) completed Electrical Permit Worksheet and Application, found on pages 7 and 8.

WALL SIGN/SIGN FACE REPLACEMENT APPLICATION REVIEW PROCESS

- Step 1:** Applicant submits completed application (see checklist) with Certificate of Zoning Compliance.
- Step 2:** The application is forwarded to various Township departments for review. Each department is requested to submit written reviews within 5 days to the Clerk's Office.
- Step 3:** If favorable reviews are received, the applicant is notified of their approval and of the requirement to post a cash bond. They must deposit cash or a check in the amount of \$500.00 to assure the construction of the sign as approved before the application can be released for permits.
- Step 4:** If negative reviews are received, the Clerk's Office communicates the results of the review to the applicant, indicating what issues need attention and if revised plans are required. Once revised plans are received, they shall be routed through the review process again to any department requesting changes.
- Step 5:** After approval from all departments is granted and a bond is received from the applicant (as stated in step 3), the Clerk's Office communicates the approval to the Building Official, indicating that a permit may be issued. Any Building or Electrical Permit applications received as part of this application, along with copies of the approved plans/drawings, will be forwarded to the Building Official.
- Step 6:** The Building Department will then process the Building and Electrical Permit applications and will notify the applicant that permits are ready, and any fees required for them. Depending on the workload of the Building Department, this may take up to an additional 5 business days to complete.
- Step 7:** The applicant installs the sign according to the approved plans and permits, then requests a final inspection from the Building Department. Upon final inspection approval, the applicant must submit a to the Clerk's Office a written request to release the bond.
- Step 8:** The Clerk's Office will request inspections of the sign from various departments and verify the township is holding the bond.
- Step 9:** If the departments indicate the sign was installed according to the approved plans, the Clerk's Office will notify the applicant and will place the bond release request on the next available Township Board agenda for release.
- Step 10:** If negative reviews are received, the applicant will be notified of any items that require attention. Once the applicant has addressed all concerns, they must submit a letter indicating the issues have been addressed. The Clerk's Office will then re-review the sign for compliance with the approved plans.
- Step 11:** Once the bond is released by the Township Board, the Finance Department is notified and a check is written and sent to the party that posted the bond.

ALL APPLICANTS TAKE SPECIAL NOTICE OF THE FOLLOWING:

- 1. Department Reviews.** Submittal of this application does not imply that the plans are acceptable. The review of information by all departments and agencies will indicate if they are acceptable.
- 2. Fees.** A fee of \$100.00 per ½ hour shall be charged for meetings with staff or planning consultant.
- 3. Forms.** Please use only the forms provided with this application. No other forms, however similar, will be accepted.
- 4. Canopy and Awning Signs.** Signs proposed on canopies and awnings shall be considered wall signs and will be reviewed pursuant to this application.

APPLICATION FOR WALL SIGN PERMIT

MACOMB TOWNSHIP
54111 BROUGHTON ROAD
MACOMB, MICHIGAN 48042
(586) 992-0710 EXT. 4

Only Complete Applications Will Be Accepted (PLEASE PRINT OR TYPE)

Permanent Parcel No. 08 - _ _ - _ _ - _ _

Project Name: _____

Applicant's Name: _____ Phone: _____

Address: _____ City: _____ Zip Code: _____

Address of Property: _____ Zone of Property: _____
(if different from applicant's address) (See Zoning Map of Macomb Twp.)

Applicants' Representative Name: _____ Phone: _____
(if different from applicant)

Address: _____

City: _____ State: _____ Zip Code: _____

Applicant's Signature _____

Location of Property: _____
(for example: the north side of 23 Mile Road and ¼ mile east of Romeo Plank Road)

Property Frontage: _____ Feet and Depth: _____

Existing Land Use: _____

Are there other on-site identification(s) of business in question (either existing or planned)? YES ☐ No ☐

If "YES" indicate the nature and location of said identification (Use Document Supporting the Request Sheet if additional space is needed) _____

Is the sign illuminated? If yes, state type and location (Use Document Supporting the Request Sheet if additional space is needed) _____

WALL SIGN APPROVAL REQUEST

- ☐ New Sign(s) on Approved Site Plan ☐ Revision of existing sign(s)

TYPE OF PROPERTY INVOLVED

- | CHECK ONE | | CHECK ONE |
|--------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Residential | <input type="checkbox"/> Commercial | <input type="checkbox"/> Single Use |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Office | <input type="checkbox"/> Multiple Use (2 units or more) |
| <input type="checkbox"/> Other | | <input type="checkbox"/> Shopping Center (50,000 sq. ft., 3 or more units) |

TYPE OF SIGN REQUESTED

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Wall | <input type="checkbox"/> Shopping Center | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Canopy/Awning | <input type="checkbox"/> Pylon | |

DOCUMENTATION SUPPORTING THE REQUEST

Name of Project _____

Permanent Parcel Number. 08 - - - .

Applicant's Name _____ **Phone** _____

Address _____ **City** _____ **Zip Code** _____

Applicants' Representative Name: _____ **Phone** _____

Please provide a detailed description of the proposed project. For a revised site plan, please describe in detail the changes made from the original site plan. For a Certificate of Zoning Compliance or Site Plan Review, list number of employees to be on site for each work shift and number of vehicles, if any.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

PLEASE ATTACH ANY ADDITIONAL DOCUMENTATION SUPPORTING THIS REQUEST

Applicant's Signature

AFFIDAVIT OF OWNERSHIP

PLEASE TAKE NOTICE that an Affidavit of Ownership must be filed with all development and variance applications in Macomb Township. **Proof of ownership or interest in the property must be attached (i.e. deed, land contract, option agreement, lease, etc.).** This requirement must be fulfilled in order to promptly process your application.

If the applicant is not the fee titleholder of the subject property, he/she is a purchaser according to _____, it is necessary to establish the fee title holder's intention and desire to have the subject property receive Township approval.
(Land contract, option, lease, etc.)

(I), (We), _____, the undersigned fee title owner(s) of property
(name)
hereinafter referenced, acknowledge (my) (our) intention and desire to have the property described within the attached application for _____ receive consideration by Macomb Township.
(type of application to be filed)

(I), (We) further authorize _____ as a(n) _____
(name of applicant) (recite applicant's interest in property)
of the property, to process an Application with the Township of Macomb on (my) (our) behalf.

(name) (owner)

(name) (owner)

(name) (owner)

(name) (owner)

THIS FORM RELATES TO PROPERTY WITH THE FOLLOWING PARCEL NUMBER:

08 - _ _ - _ _ - _ _

STATE OF MICHIGAN

ss.

COUNTY OF MACOMB

On this _____ day of _____, 200__, before me personally appeared _____
(name of applicant)

_____ to me known to be the person(s) described in and who executed the foregoing

instrument and acknowledged that _____ executed the same as _____
(he, she, they) (his, her, their)

free act and deed.

Notary Public
Macomb County, Michigan
My Commission Expires: _____
Acting in Macomb County, Michigan

APPLICATION FOR BUILDING PERMIT

MACOMB TOWNSHIP

BUILDING AND ZONING DEPARTMENT

Bob Beckett C.B.O.
Building Official
Zoning Administrator

54111 Broughton Road
Macomb, MI 48042
Office Phone: 992-0710

*PLANS ARE APPROVED SUBJECT TO COMPLIANCE WITH MACOMB TOWNSHIP ORDINANCES WHETHER MARKED OR NOT.

NOTE: ALL REQUIRED PERMITS MUST ACCOMPANY THIS SUBMISSION. PERMIT FEES NOT REFUNDABLE.

Date _____

Project Address _____

Subdivision _____ Lot(s) _____ Zoning _____

Type of Project _____ Sq. Ft. _____

Proposed Use _____ Est. Cost _____

Owner _____ Address _____

City _____ State _____ Zip _____ Phone () _____

Arch. Engineer _____ Address _____

City _____ State _____ Zip _____ Phone () _____

Contractor/Applicant _____ Address _____

City _____ State _____ Zip _____ Phone () _____

Fed. Employer I.D.# _____ Wkrs. Comp. Ins. Carrier _____
(or reason for exemption) (or reason for exemption)

M.E.S.C. Employer # _____ Bldr. Lic. # _____ Exp. Date _____
(or reason for exemption)

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent, and we agree to conform to all applicable laws of the State of Michigan and ordinances of Macomb Township. All information provided on this application is accurate to the best of my knowledge.

"Section 23a of the State Construction Code Act of 1972, 1972 PA 230, MCL 125.1523A, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential building or a residential structure. Violators of Section 23a are subject civil fines."

Applicant Signature _____ Dr. Lic.# _____

******Do not write below this line******

I/C 1st _____ sq. ft. _____ sq. ft.

R Township Plan Code _____

Living Area: 1st _____ 3rd _____

2nd _____ 4th _____

Total Sq. Ft. _____

Garage _____ Base. _____ Crawl _____

Master _____ Slab _____

COMMENTS:

APPLICATION NO.: _____

Before permit is issued approval must be obtained from the following:

Road Commission _____

Health Dept. _____

Soil Erosion _____

Construction Permit _____

Assessor _____

Engineer _____

Planning Commission _____

D.P.W.S- _____ Wtr. W- _____

Valuation _____

Permit Fee _____

Approach _____

Plan Review _____

Total Fees _____

Bldg. Dir.: _____

Revised 7/13/2005

Wall Sign Application Packet
Macomb Township Clerk's Office

Page 6 of 8

Fax: 586-992-0720

\$150.00 PENALTY FOR WORK STARTED WITHOUT A PERMIT OR WORKING WITHOUT PROPER INSPECTIONS.

****INSPECTIONS MUST BE CALLED IN 1 HR BEFORE CLOSING TO BE SCHEDULED FOR THE FOLLOWING DAY.***

	<i>FEE</i>	<i>QTY.</i>	<i>TOTAL</i>
MOTORS			
(horse power or K.W.)			
1/4 to 10	\$ 8.00	_____	_____
11-20	\$ 10.00	_____	_____
21-30	\$ 12.00	_____	_____
31-40	\$ 15.00	_____	_____
41-50	\$ 16.00	_____	_____
51-60	\$ 17.00	_____	_____
61 and up	\$ 20.00	_____	_____
UNDERGROUND TRENCHES			
First 100 ft.	\$ 10.00	_____	_____
Each add. 100 ft.	\$ 5.00	_____	_____
FEEDERS			
(conduits, wireways, bus ducts)			
First 100 ft.	\$ 15.00	_____	_____
Each add. 100 ft.	\$ 10.00	_____	_____
INSPECTIONS			
Special	\$ 50.00	_____	_____
(includes carnivals, fairs, Christmas lot lighting and similar)			
Re-Inspection Fee	\$ 35.00	_____	_____
Transfer Fee	\$ 20.00	_____	_____
TOTAL \$ _____			

Sign Contractor Affidavit: I hereby certify that the proposed work is authorized by the owner and that I am authorized by the owner to make this application as his authorized agent. I agree to conform to all applicable laws of the state of Michigan and the local jurisdiction. "Section 23a of the state construction code act of 1972, Act No. 230 of the Public Acts of 1972, being section 125.1523a of the Michigan Compiled Laws prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a building or property. Violators of section 23a are subject to civil fines."

Contractor	Date
------------	------

ELECTRICAL PERMIT APPLICATION

MACOMB TOWNSHIP

Phone: 586-992-0710

54111 BROUGHTON ROAD
MACOMB TOWNSHIP, MI 48042

Fax: 586-992-0720

AUTHORITY: ACT 230 PA 1972, as Amended.

COMPLETION: Installation shall not be started until application is filed.

PENALTY: Written order to stop construction.

Date of Application _____

State Owned _____ YES _____ NO

JOB LOCATION

Name of Owner _____

Address/Job Location _____

CONTRACTOR/HOMEOWNER (permit application MUST be signed)

Has a building permit been obtained for this project?

_____ Yes _____ No _____ Not Required

Contractor/Homeowner _____

Address _____ Phone _____

Federal ID # _____

MESC Employer # _____

(or reason for exemption)

Workers Comp Ins. Carrier _____

(or reason for exemption)

License # _____ Exp. Date _____

PLAN REVIEW REQUIRED

A plan review may be required before work is started on any building other than a single family dwelling less than 3,500 square feet. See below for details. Have plans been submitted for review?

_____ Yes _____ No _____ Not Required

TYPE OF JOB

Single Family: _____ Remodel: _____

Special Inspection: _____ Service Only: _____

Manufactured Home: _____

Commercial: _____ Industrial: _____

Sign: _____ Fire Alarm: _____

APPLICANT SIGNATURE Section 23a of the State Construction Act of 1972, Act No. 230 of the Public Acts, being Section 125.1523a of the Michigan Compile Laws, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential building or a residential structure. Violators of Section 23a are subject to civil fines.

Signature of Licensee or Homeowner

PLAN REVIEW REQUIREMENTS Plans and specifications for new construction work, alteration, repair, expansion, addition, or modification work shall be prepared by or under the direct supervision of an architect or engineer licensed pursuant to Act No. 299 of the Public Acts of 1980, as amended, and shall bear that architect's or engineer's signature and seal, A PLAN REVIEW IS REQUIRED BEFORE A PERMIT CAN BE ISSUED.

Exception 1: Alterations and repair work determined by the Electrical Inspector to be of a minor nature.

Exception 2: Work completed by a governmental subdivision or state agency costing less than \$15,000.00.

Exception 3: A building containing not more than 3,500 square feet.

Exception 4: Wiring or alteration to an electrical system that costs less than \$10,000.00 unless requested by administrative authority.